

Healthy Child Care



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Getting to the Bottom of Biting



Why Do Young Children Bite?

Infants and toddlers put everything in their mouths. It feels good to bite and chew while you're teething. Toddlers and young preschoolers don't have the verbal skills to express themselves fully. Biting brings about a quick and dramatic response. Children experience many emotions (positive and negative) that are difficult for them to express and, at times, control. These emotions can be caused by numerous things: over excitement, frustration, fatigue, fear of being separated from people they love, etc.

How Can I Prevent Biting?

A good program that meets the needs of children and has a lot of equipment is key to minimizing biting!

- **Look around** your home or center.

✓ Is there enough space for children to move around without bumping into each other?

✓ Are there enough toys for each child to have several to choose from at any one time?

✓ Do you have enough activities planned to keep the children involved and interested?

A conflict over a toy or personal space could be enough to cause a child to bite.

- **Know the temperaments** of the children you care for. Children may be more likely to bite if:

✓ They are more physical and aggressive; or

✓ They have difficulty expressing their feelings in words.

- **Look for patterns** in a frequent biter.

✓ Are there particular times of the day in which the biter has difficulty? *Be there ahead of those times.*

✓ Does the biter focus on one child? *You may want to*

keep them separated as much as possible.

✓ Do toys seem to be the cause of many biting incidences? *You may need more (or duplicate) toys so every child has several to choose from at any one time.*

- **Encourage the use of words** to express feelings and emotions.

✓ Help children understand that words can be used to express feelings. You may need to teach the children words that are appropriate.

(Continued on page 4)

Inside This Issue

Getting to the Bottom of Biting	1
BCC Update	2
Consumer Product Safety Commission	3
Is Your Child Care Facility Asthma-Friendly?	5
Taking Care of the Caregiver	6
Tips for Keeping Children Safe	8
Ways to Support Breastfeeding	10
Tips for Successful Baking	12



Fun in the Sun Tips For a Happy and Healthy Summer

Summer is a wonderful time of the year. With the warm weather, the children are outside for longer periods of time. Here are some summer safety tips from the American Academy of Pediatrics to help everyone have a safer and more enjoyable summer.

For older children:

✓ The first, and best, line of defense against the sun is covering up. Wear a hat with a three-inch brim or a bill facing forward, sunglasses (look for sunglasses that block 99-100% of ultraviolet rays), and cotton clothing with a tight weave.

✓ Stay in the shade whenever possible, and avoid sun exposure during the peak intensity hours - between 10 a.m. and 4 p.m. The risk of tanning and burning also increases at higher altitude.

✓ Sunscreen with an SPF (sun protection factor) of 15 should be effective for most people. Be sure to apply

enough sunscreen - about one ounce per sitting for a young adult.

✓ Reapply sunscreen every two hours, or after swimming or sweating.

✓ Some self-tanning products contain sunscreen, but others don't, so read the labels carefully. In addition, tanning oils or baby oil may make skin look shiny and soft, but they provide no protection from the sun.

For Young Children:

✓ Babies under 6 months of age should be kept out of the direct sunlight. Move your baby to the shade or under a tree, umbrella, or the stroller canopy.

✓ Dress babies in lightweight clothing that covers the arms and legs, and use brimmed hats.

✓ Apply sunscreen at least 30 minutes before going outside, and use sunscreen

even on cloudy days. The SPF (sun protection factor) should be at least 15.

This publication provides topical information regarding young children who are cared for in child care settings. We encourage child care providers to make this publication available to parents of children in care or to provide them with the web address so they may print their own copy. **This document is in the public domain and may be reprinted.**

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Consumer Product Safety Commission

The U. S. Consumer Product Safety Commission (CPSC) is an independent federal regulatory agency that works to reduce the risk of injuries and deaths from consumer products. You can reach the CPSC through:

- ◆ The CPSC toll-free Hotline at (800) 638-2772 or (800) 638-8270 for the hearing and speech impaired.
- ◆ The CPSC web site address at <http://www.cpsc.gov>

How to Obtain Recall Information

The U.S. CPSC issues approximately 300 product recalls each year, including



many products found in child care settings.

Many consumers do not know about the recalls and continue to use potentially unsafe products. As a result, used products may be loaned or given to a charity, relatives, or neighbors, or sold at garage sales or secondhand stores. You can help by not accepting, buying, lending, or selling recalled consumer products. You can contact the CPSC to find out whether

products have been recalled, and, if so, what you should do with them. If you have products that you wish to donate or sell and you have lost the original packaging, contact the CPSC to find out product information.

To receive CPSC's current recall information automatically by e-mail or fax, or in a quarterly compilation of recalls sent by regular mail, call CPSC's hotline and after the greeting, enter 140, then follow the instructions given.

Each issue of this newsletter will highlight a recalled product or a safety issue; however, it would be wise to check with the CPSC on a regular basis for more comprehensive information.

CPSC, Fisher-Price Announces Recall for In-Home Repair of Infant Swings

In cooperation with the U.S. Consumer Product Safety Commission, (CPSC), Fisher-Price, of East Aurora, N.Y., is recalling about 42,000 Smart Response Swings for in-home inspection and repair. It is possible to misassemble the seats of these swings so that they appear secure, but are not. If the seat of the swing is not properly attached, the seat and baby can flip forward. Fisher-Price has received seven reports of the seats of the swings flipping forward, including four reports of babies hitting their heads on the floor. Though bumps and red marks were reported, there have been no serious injuries.

The Smart Response Swing is an indoor infant swing for use from birth until baby can sit up unassisted. The swing operates in response to a sound sensor and plays music. The metal legs of the swing are either blue or beige, and the seat is either beige or white. The Fisher-Price logo appears on the seat's tray. Product numbers 79644, 79645 or 79647 are molded onto the back of the seat.

Discount department and juvenile product stores nationwide sold these swings from December 2001 through March 2002 for about \$70. Consumers should stop using swings immediately and call Fisher-Price for help in inspecting the seat to make sure the seat is properly attached. If the seat is not properly attached, a free replacement seat and revised instructions will be provided. For more information, call Fisher-Price at (800) 942-5912 anytime, or visit the firm's web site at www.fisher-price.com.

Children who can verbally express themselves will be less likely to lash out physically.

- Recognize good behavior when it happens.

✓ Most children look for attention. If they get it during positive behaviors, they will be more likely to continue those behaviors.

How Should I React?

Remember, biters are usually looking for help and/or attention. Expect that biting may occur at some time with every infant or toddler. Your task is to handle the situation carefully and thoughtfully and move on, so as not to reward the child with your attention.

✓ STOP the action. Say, "NO!"

✓ Quickly assess the situation to determine the cause of the biting. Is the infant hungry or teething? Do you have something appropriate for the infant to chew on?

✓ Attend to the victim. Wash the area with soap and water; apply cold compress if swollen; comfort the child.

✓ Talk to the biter. Tell the biter, "Biting hurts! Teeth are not for biting children. Teeth are for eating food." If you think the child bit for emotional reasons, you can say, "It's O.K. to be upset (mad,

frustrated, excited, etc.); it's not O.K. to bite."

✓ If it is an older child, you can ask him/her what a better solution might have been.

✓ Redirect the child to another area. This might mean feeding the child, putting him/her down for a nap, or involving the child in another toy or activity. Stay with that child until s/he becomes involved in the new activity.

✓ Finish the interaction on a positive note. Reassure the biter that s/he is still important to you and that you still care about him/her.

As A Caregiver, NEVER

- **Bite the child back;**
- **Encourage the victim to bite the child;**
- **Humiliate the child;**
- **Place any type of substance in the biter's mouth such as dishwashing liquid, vanilla, tabasco sauce, vinegar, etc.**

How Should I Tell the Parents?

Let the parents know that biting is a normal part of children's development. Inform them of your policy before any incidents occur.

Biter's parents

- Inform parents that their child bit someone.
- Stress the severity or

mildness of the incident.

- Assure parents that you have taken care of the situation, and further reprimands are not necessary.
- If this is a recurring problem, work with the parents on a plan of action that will be reinforced in the home.

Victim's parents

- Inform parents that their child was bitten.
- Assure parents that you have taken care of the situation and that you are taking measures to prevent further incidents.
- Explain your plan of action to them.

But What If I've Tried It All and Nothing is Working?

It is your job as a caregiver to insure the safety of all children in your care. If one child is jeopardizing the safety of others by frequently biting, action must be taken. Sometimes, no matter how hard you try to fix the situation, no matter how patient you are, a child may just not be a good match with your program. After talking to the parents, the best thing for the child may be to move to a new child care setting. As this can be very upsetting for the child and the parents, it is important to be helpful and compassionate. Remember, this should be your last resort after exhausting all other possibilities.

Information for this article
was taken from
<http://www.cis.state.mi.us/brs/cdc>

Is Your Child Care Setting Asthma-Friendly?



Asthma is the leading chronic illness among children, and knowing current facts about the disease – including its triggers, symptoms and seriousness – is especially crucial for those working in a school or child care setting.

Asthma is a chronic condition generally characterized by recurring attacks of wheezing, coughing and difficulty breathing. Symptoms can suddenly become severe, even in children who have been diagnosed with mild asthma. In extreme cases, asthma can cause death. Last year, according to the National Heart, Lung and Blood Institute (NHLBI), more than 5,000 children and adults died from the disease.

The Centers for Disease Control and Prevention report asthma now affects nearly 5 million people who are under

18 years of age. In 1999, over 1,000 children in Missouri age 1-4 were hospitalized for asthma and 5,000 visits were made to emergency rooms by the same age group.

The NHLBI recently published a checklist entitled, "How Asthma-Friendly is Your Child Care Setting?" The checklist is available at **www.nhlbi.nih.gov/health/public/lung/asthma/chc_chk.htm**.

Items that child care facilities can address include:

- ✓ making the child care setting free of tobacco smoke at all times;
- ✓ making sure the facility has good ventilation; and
- ✓ making sure there is a written, individualized emergency plan for each child in case of a severe asthma attack.

Child care facilities should also make sure that allergens and irritants that can make asthma worse are reduced or eliminated. These include:

- ✓ cockroaches;
- ✓ pets with fur or feathers;
- ✓ dust mites (commonly

found in humid climates in pillows, upholstery, carpets, and stuffed toys),
✓ mold; and
✓ strong odors or fumes from paint, perfumes, art and craft supplies, pesticides, air fresheners, and cleaning chemicals.

"It is estimated that 99 percent of asthma hospitalizations are preventable," said Terry Keck, Missouri Department of Health and Senior Services, Missouri Asthma Program Manager. "It is important to know how to manage asthma because, while the disease cannot be cured, it can almost always be controlled."

A list of websites providing additional information about signs and symptoms, asthma management, and related issues is available through the Department of Health and Senior Services. For more information about asthma in the child care setting, contact Terry Keck at (800) 316-0935.



Taking Care of the Caregiver

The child care environment requires that staff be in good physical, emotional and mental health. Caring for young children is a high-risk occupation. Since most attention to health and safety has focused on the children in child care, many providers are not aware of occupational health and safety issues unique to their work.

Occupational Hazards in the Child Care Setting

Communicable

Diseases: Infectious diseases are common in child care programs and can affect child care providers as well as children. Most are not serious; however, some are more serious when contracted by adults, and others may have severe consequences for pregnant women or child care providers with compromised immune systems. Child care providers who are pregnant should consult with their health care providers for advice about immunizations and other measures to promote a healthy pregnancy. The following are examples of how some common diseases are spread.

- ✓ **Air and respiratory transmission** of cold, flu, measles, Pink eye, Chickenpox, or Tuberculosis
 - ✓ **Stool or fecal-oral transmission** of Salmonella; Shigella; Giardia; Pinworms; Hand, Foot and Mouth disease; Hepatitis A; Polio; or E. coli
 - ✓ **Direct contact** of Herpes, Ringworm, Scabies, Head lice, Impetigo, or Chickenpox
 - ✓ **Blood transmission** of HIV/AIDS, Hepatitis B, or Cytomegalovirus
 - **Stress:** Stress among child care providers is an important issue because it not only affects their health but also the quality of care the provider is able to give. A child care provider under too much stress will not be able to offer the praise, nurturing, and direction children need for optimal development.
- The following relate to both family child care homes and centers:
- ✓ Tension between families and caregivers;
 - ✓ Child/staff ratios that don't allow providers to tend to children's individual needs sufficiently;
 - ✓ Noise;
 - ✓ Immediacy of the needs of the children;

- ✓ Low wages, inadequate benefits, and few opportunities for career advancement;
- ✓ Not fully understanding what is expected on the job;
- ✓ Poor relationships with co-workers;
- ✓ Little control over how their jobs are performed; and
- ✓ Lack of clear communication with supervisors.

-- **Injury:** Lifting, carrying, reaching – these are essential activities when caring for young children. Daily routines of lifting, carrying, bending, and sitting on small furniture and the floor provide many opportunities for muscle pulls, strains, and sprains. Most child care related physical injuries occur to the lower back. It is not how much one lifts, but how one does it.

Use proper lifting technique when lifting children off the floor, in and out of cribs, highchairs, etc. Keep the back centered over the hips or use the stronger muscles such as back/leg muscles first; keep the child as close to the body as possible; and avoid twisting or jerking motions. Encourage children to be independent whenever possible.

-- **Exposure to Toxic Materials:** Art materials and disinfectants/cleaning supplies pose child care providers the greatest hazard of exposure to toxic materials. Many child care settings have eliminated hazardous art supplies to avoid toxic exposure for children. Water-based and non-toxic paints and markers have replaced paints containing lead and permanent markers that may contain toxic solvents. Cleaning supplies, however, may still pose a risk. Since children do not use cleaners, many providers may overlook the need to find non-toxic alternatives to protect themselves and staff. Safety goggles and protective gloves may be needed to avoid injuries from toxic materials.

Promoting Health in Child Care Providers

-- **Universal Precautions** is the term for infection control measures all health care workers and child care providers should follow to protect themselves. When coming into contact with blood or other body fluids that contain blood, practice the following:

- ✓ **Hand washing:** after diapering or toileting children, after handling body fluids of any kind, before and after giving first aid, after cleaning

up spills, and after removing disposable gloves.

- ✓ **Latex gloves:** everyone should wear latex gloves when they come into contact with body fluids such as vomit and feces or if caregivers have cuts or scratches on their hands.

- ✓ **Environmental disinfection:** any area contaminated with blood or body fluids containing blood needs to be disinfected with a bleach solution (1Tbsp of bleach per quart of water made fresh daily).

- ✓ **Proper disposal of materials:** clothes or items that are soaked or caked in blood require double bagging in plastic bags. Items used for procedures on children with special needs (such as lancets or syringes) may require a special container to dispose of safely.

-- **Staff illness and exclusion policy** requires caregivers to be temporarily excluded from the child care setting for a specified period of time for different illnesses. A few examples to be included in a Staff Illness and Exclusion policy are:

- ✓ Chickenpox - Until six days after the start of rash or when sores have dried.

- ✓ Diarrheal Illness – If three or more episodes of loose

stools during previous 24 hours, or if diarrhea is accompanied by fever.

- ✓ Vomiting – If accompanied by a fever or two episodes in previous 24 hours.

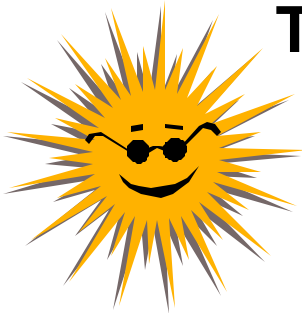
- ✓ Strep throat – Until 24 hours after initial antibiotic treatment and fever has ended.

-- **Promote Mental Health for Staff** by being aware of the stress of the job and looking for indicators of stress such as inability to concentrate, inexplicable sadness, difficulty sleeping, fatigue, self-medicating behaviors with alcohol, caffeine and other drugs. Promote mutual support by urging all adults involved in child care to seek and offer support to one another in staff meetings, informal support groups, staff retreats and sharing information about community resources. Promote daily stress-relieving physical activity such as a brief walk or stretching. Find some time to have fun and laugh every day.

Source:

The National Training Institute for Child Care Health Consultants: UNC School of Public Health.

Submitted by:
Missouri Child Care
Resource and Referral Network
1-800-200-9017
314-535-1458
www.mocccrn.org



Tips For Keeping Children Safe

The children who are entrusted to your care everyday are the parent's most valuable asset. Along with the daily activities, meals, nap time and so on, comes one of the biggest challenges to caregivers – child safety.

Unintentional injuries are the leading cause of injury and death to children between the ages of 1 and 14. But there is good news! With some knowledge and some simple planning, there are ways you can keep the children in your care safe.

The following tips will help prevent serious injuries to the children in your care. More detailed information can be obtained by contacting a SAFE KIDS Coalition in your area or on the internet site at www.safekids.org.

- **Airway obstruction -**

Most infants suffocate while in their sleeping environments when their faces become wedged against or buried in a mattress, pillow or other soft bedding. Cribs (primarily older used cribs) are responsible for about 35 strangulation and suffocation deaths each year.

- ✓ Place an infant to sleep on his or her back.

- ✓ Infants can choke on small toys, toy parts, foods and other small items. Check toys for age suggestions, and regularly inspect toys for loose pieces.

- **Poisoning** - Children under age 2 are especially at risk for unintentional poisoning. Household products, lead and carbon monoxide are all significant risks.

- ✓ Make sure poisons are stored so they are inaccessible to children. This means keeping them in a locked cabinet or closet.

- ✓ All chemicals should only be stored in their original containers and clearly marked so the contents are clear.

- ✓ Young children can get lead poisoning from ingesting or breathing lead dust or fumes. If the paint in your home or facility was applied or manufactured before 1974, it could contain lead. You may contact your local public health office for assistance in obtaining lead testing.

- **Drowning** - More than half of infant drownings occur in bathtubs, although toilets and buckets can also be hazardous for this age group.

The primary reason infants drown is a lack of supervision – it only takes a second.

- ✓ Keep toilet lids down and consider toilet locks, available at most hardware and retail stores.

- ✓ Do not allow any water to stand, such as in a five-gallon bucket.

- ✓ If you have a pool, make sure the fence encloses the pool completely and the gates are ALWAYS locked. NEVER leave a child unattended around water – NOT even for a second! If you must leave, take the child(ren) with you.

- **Motor vehicle** - A correctly installed and used child safety seat reduces the risk of death by 71 percent for infants. However, it is estimated that the majority (approximately 85 percent) of children who are placed in child safety seats are improperly restrained.

- ✓ Each and every child in your care should ride only in an approved and properly installed child passenger safety seat. Your local SAFE KIDS Coalition can teach you how to install the seat. If you do not have a SAFE KIDS Coalition in your area, contact the Missouri Division of Highway Safety at 1-800-800-BELT for advice and information.

And don't forget children in the age group from 4 to 8. Many of these children should be in a belt positioning booster seat as they are too small for an adult seatbelt to adequately protect them.

- **Falls** - Infants are primarily at risk from falls associated with furniture, stairs and baby walkers. Baby walkers account for more injuries than any other nursery product in the 5 to 15 months age group. Most of these injuries result from falling down stairs or simply tipping over.

- ✓ Keep stairs and hallways clear from obstructions such as toys.

- ✓ Make sure there is an adequate handrail – at the child's height – and teach and insist that children use the handrail while on the stairs.

- ✓ Look at play equipment and teach children the proper use of the play equipment. Some play equipment is not to be climbed on as it represents a fall hazard.

- **Scald burns** - The majority of scald burns to children, especially among those ages 6 months to 2 years, are from hot foods and liquids spilled in the kitchen. Children should not be allowed in the kitchen when cooking is taking place.

Hot tap water from a sink or bathtub is also to blame for many scald burns among children.

- ✓ Check the temperature setting of your water heater. Most water heaters should be set at 110 degrees or less.

- ✓ Consider installing 'scald proof' faucets in sinks, showers and tubs.

And finally, here are some additional steps you may take to make yourself and your facility better prepared for an emergency situation.

- ✓ Take an infant/child CPR class. In child care centers, make sure there is at least one staff member on the premises at all times that has a current certification.

- ✓ Make sure emergency numbers are posted on or near your phone. If you are in a rural area, have clear directions to your facility or home written and posted near the phone. In times of stress, you may not be able to give clear directions but having directions written and posted gives you a script to follow.

Knowing what to do in the event of an emergency can make the difference between life and death.

Battalion Chief Steven Sapp
Columbia Missouri Fire Department
Columbia SAFE KIDS Coalition
Columbia, MO

CACFP Training Schedule

Orientation training for the Child and Adult Care Food Program for child care centers* is held each month in the five district offices located throughout the state.

Northwestern District Independence

July 17
August 13
September 17
October 15

Southwestern District Springfield

July 16
September 17

Southeastern District Cape Girardeau

August 14
October 18

Central District Jefferson City

August 22
October 22

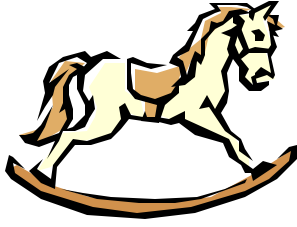
Eastern District St. Louis

July 12
August 9
September 6
October 11

*Shelter and After-school training held separately.

Call 800-733-6251 to register for a training session in your area.

Ways To Support Breastfeeding;



A mother generally makes the decision to breastfeed before her baby is born. Her decision is strongly influenced by the level of support she receives from family and friends. For expectant mothers, this decision can be made more difficult by fear of the unknown, fear of failure and feeling overwhelmed by other responsibilities and demands. If a new mother returns to work, her stress may increase and it may seem easier for her to give up breastfeeding than to continue.

Still, many mothers do wish to continue breastfeeding while their children are in child care. Quality child care includes supporting the success and continuation of breastfeeding. Balancing the various needs and demands of mother, baby and the other children in care is a juggling act that calls for flexibility.

What Science Says about Breastfeeding

✓ Breastmilk is uniquely composed to meet the nutritional requirements of the human baby.

✓ The abundant supply of fatty acids in breast milk leads to optimal nerve and brain development in the baby.

✓ Breastmilk cannot be chemically reproduced. Initial colostrum is unique to each mother and child.

✓ Nutrients in breastmilk change to meet the baby's needs both with the age of the baby and throughout the day. In the morning, breast milk has a higher volume/lower fat content that gradually reverses throughout the day. In the evening, a lower volume/higher fat content allows the baby to stay full longer.

✓ Babies who are breastfed have increased protection against acute and chronic illnesses such as meningitis and respiratory, ear and gastrointestinal infections.

✓ Babies who are fed exclusively breast milk have a lower risk of Sudden Infant Death Syndrome (SIDS).

✓ Breastfeeding promotes mother-baby attachment, which increases baby's cognitive, social and emotional development.

✓ A breastfed newborn recognizes his mother's skin smells just a few days after birth. A newborn's eyes can

focus on objects about nine inches away — the distance from a nursing baby's face to the mother's face.

✓ Women who breastfeed have a reduced risk of ovarian and breast cancers.

✓ Babies who are breastfed have a reduced risk of becoming obese.

Creating Breastfeeding Friendly Child Care

The following tips can help you care for breastfed babies and to accommodate their mothers.

✓ Expect some infants to eat every 2-3 hours. Babies digest breastmilk very well and need to be fed frequently.

✓ Babies suckle the breast much differently than they suck a bottle. Occasionally, breastfed babies may have trouble accepting the bottle. Be flexible in finding the best way to feed each infant. Most babies do well with a long, soft bottle nipple. An older baby may prefer to take a cup.

✓ Be sure to shake breastmilk that has been refrigerated or frozen and thawed. Breastmilk is not homogenized, so the cream separates out and rises to the top. Also, breastmilk does not look like cow's milk or

Your Encouragement is Important !

formula. In spite of its thin appearance and bluish color, breastmilk is rich and nutritious.

✓ Frequent, loose stools that look like cottage cheese and mustard are normal for breastfed babies in the first 2 months. After 2 months, some babies may go several days without a stool, and that is normal.

✓ Ask each mother what she wants you to do if baby is hungry and she is late, or her supply of expressed milk is gone.

✓ Provide a comfortable place for mothers to nurse their infants when they pick them up. Some mothers will be happy to nurse while visiting with you and the other

children. Others may want to go to a quiet corner or another room.

✓ Know where to refer mothers for community support. Your local Missouri WIC program (1-800-392-8209) or La Leche League (1-800-LA LECHE) are good places to start.

Storing and Using Breastmilk

Milk can be stored in glass or plastic bottles or polyethylene bags. It should be stored in amounts needed for one feeding, 2 to 4 ounces for a newborn, 6 to 8 ounces for an older baby. Use fresh milk whenever possible. Milk that will not be used within 2 days should be frozen. The mother should write the date on

container at time of collection. Use the oldest milk first.

Warm refrigerated milk by standing the container in lukewarm water. Use only as much heat as needed to bring the milk to body temperature. Frozen milk should be thawed quickly by holding and gently shaking the container under cool running water, gradually adding warmer water until the milk is thawed. Breastmilk should never be heated too quickly on a stove or in the microwave. Excess heat can destroy nutrients and cause burns.

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Guidelines For Storing Breastmilk

Breastmilk	Room Temperature	Refrigerator	Self-defrosting Freezer Section of Refrigerator	Deep Freeze
Freshly expressed	3-5 hours	3-5 days	3 months	6-12 months
Previously frozen		24 hours	Do not refreeze.	Do not refreeze.

Even though breastmilk will keep several hours at room temperature, it is best to keep it chilled when possible. Milk that is left over from a feeding should be thrown away.

Tips for Successful Baking

Food preparation can be a challenge under the best of conditions. Here are a few tips to help take some of the guesswork out of cooking.

- ◆ Unless another size is stated, use large eggs in recipes.
- ◆ Always use the size of baking pan called for by the recipe. Using a different size could affect the cooking time.
- ◆ If you run out of baking powder, substitute $\frac{1}{4}$ teaspoon of baking soda and $\frac{1}{2}$ teaspoon of cream of tartar for 1 teaspoon. There is no substitute for baking soda.
- ◆ If you don't want to buy buttermilk for a recipe, put 1 tablespoon of vinegar in a one cup measure and add milk to equal one cup or mix $\frac{2}{3}$ cup plain yogurt with $\frac{1}{3}$ cup milk. Both of these substitutes equal one cup of buttermilk.
- ◆ To test baking powder for freshness, place $\frac{1}{2}$ teaspoon in a small bowl or cup. Add $\frac{1}{4}$ cup hot water. If the mixture foams, the baking powder is still good.

Alternate forms of this publication for persons with disabilities may be obtained by contacting the Missouri Department of Health and Senior Services, Bureau of Child Care, P.O. Box 570, Jefferson City, MO., 65102, 573-751-2450. EEO/AAP services provided on a nondiscriminatory basis.



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